CONSIGNMENT INVOICE

ID: _____

Date: _____

Status: [ ] Sold [ ] Returned

CONSIGNOR (OWNER)
Name: _____
Address: _____
Phone: _____

CONSIGNEE (SELLER)
Name: _____
Address: _____
Phone: _____

Item SKU / ID	Description	Qty	Unit Price	Comm. %	Net Total

Gross Sales: $ _____
Consignee Commission: - $ _____
Fees / Adjustments: - $ _____
PAYOUT TO CONSIGNOR: $ _____

Terms: Payment to be issued within _____ days of sale. All unsold items must be reclaimed by _____.

CONSIGNOR SIGNATURE

CONSIGNEE SIGNATURE